

CPA CERTIFICATION FORM

Applicant Name: _____ Proposed Tax Credit Total: _____

Application Number and Name: _____

CPA Name: _____ Firm: _____

Street Address: _____

City, State, and Zip: _____

Phone: _____ Fax: _____ Email: _____

I, _____, have verified that all amounts listed in the prepared cost report or in the audited cost report submitted to the Office of Entertainment Industry Development, have been paid by the Sound Recording Investor Tax Credit applicant named above and received by the proper vendor for the production or infrastructure project being applied for. I have read and understand the Louisiana Sound Recording Investor Tax Credit and believe that all of the expenses listed on the cost report will qualify as “state-certified” as defined by La. R.S. 47:6023.

Louisiana CPA Signature

Date

Applicant Signature

Date

This form to accompany all cost report submissions for the Sound Recording Investor Tax Credit Program (R.S. 47:6023).